PETITIONER OR ATTORNEY (Name and Address):		TELEPHONE NO.:	FOR COURT USE ONLY
-			
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA	A COUNTY OF		
STREET ADDRESS:	A, COUNTY OF		
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME: CASE NAME:			
CASE NAME.			
NOTICE OF REV	IEW HEARING—JUVENIL	F	CASE NUMBER:
6 MONTH 12 MO		OTHER	
NOTICE TO (name and address):			
A REVIEW HEARING will be held			
on (date):	at (time):	in Dept.:	Room:
located at court address abo	ove other (specify ac	ddress):	
located at count assured and	outer (opean) de	<i></i>	
	consider the recommendation	of the social worker a	and make an order concerning the following
children (names):			
 THE SOCIAL WORKER RECOMME a. A change in placement, customers 			
a A change in placement, cus	stody, or status (specify).		
b. No change in placement, c	ustody, or status.		
Other (arrest)			
c. Other (specify):			
4. TO THE PARENTS, GUARDIANS,	AND CHILDREN:		
a. You have the right to be presen appoint an attorney for you if you		evidence, and to be	represented by an attorney. The court will
		recommendations. Pa	arents and guardians must be provided with
a copy of this report.			
c. The court will proceed with this he	aring whether or not you are p	oresent.	
5. TO THE PRESENT CUSTODIANS	OF THE CHILDREN:		
a. You may be present at the hearing	~		
b. You may submit relevant written n	naterial to the court.		
Date:			
(TYPE OR PRINT NAME	÷)		(SIGNATURE OF PETITIONER)